CAUSE

V. S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH Registration Dist. No. Village or City \_\_\_\_\_No.\_\_\_\_\_\_St., \_\_\_\_\_\_Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred. mos.\_\_\_\_ds. How long In U.S. If of foreign birth?\_\_\_\_\_yrs.\_\_\_\_mos.\_\_\_\_ds. 2. FULL NAME If U. S. Veteran, specify WAR (a) Residence: No. (Usual place of abode) If nonresident give city or town and State PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR RACE 21. DATE OF DEATH 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) (Month) 5a, If married, widowed, or divorced HUSBAND of PIFY. That I attended deceased from (or) WIFE of 6. DATE OF BIRTH (month, day, and year 7. AGE Days If LESS than to have occurred on the date stated above, at 1 day....hrs. The PRINCIPAL CAUSE OF DEATH end related causes of importance or .... min. 8. Trade, profession, or particular kind of work dona, as SPINNER. SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc ... 10. Data deceased last worked at 11. Total time (years) this occupation (month and spent in this occupation \_\_ 50 12. BIRTHPLACE (city or town) (State or country) 13. NAME Nama of operation 14, BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? ..... Wes there an autopsy? .... 15. MAIDEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? ...... Date of injury. 16. BIRTHPLACE (city or town) (Stata or country) Where did Injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. 18. BURIAL, CREMATION, OR REMOVAL Manner of Injury Nature of Injury 24. Was disease or injury In any way related to occupation of deceased? 19. UNDERTAKER (Address) If so, specify .. Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	- 1	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	iris LUE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	JUN 7 1937	July 5,1927	Peritonitis	3 days ago
	WALL V. S.			
Other contributory can	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

-WRITE PLACEY, WITH UNFADING INK-THIS IS A PERMANENT RELACED. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
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item	sho	) jo	
very	ANS	nent	
D. E	SICI	taten	
	PHY	ict s	
L RE	Υ.	Exa	
ENJ	TI	ied.	
MAN	AC	lassif	
PER	E	ly c	ate.
S. A	tated	roper	TION is very important. See instructions on back of certificate.
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 5548
1. PLACE OF DEATH	7
County Montgomery	Registration Dist. No.
Village or City (Turdum)	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and oumber)
N G. 11. R	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Proy Tranklin Hos	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 3. SEX 3. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH May //
5a. If married, widowad, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. A I HEREBY CERTIFY, That I attended deceased from
Que 15 19.35	10 ,10 ,10 may // ,190 /
6. DATE OF BIRTH (month, day, and year)	I last saw h aliva on, 19
7. AGE Years Months Deys If LESS than 1 day,hrs.	to heve occurred on the dete stated above, at Q_Pm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trede, profassion, or perticular	were as follows Date of prest
6. Frede, profession, or pericular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	ceeme vicaianon of neary oray
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc  10. Date deceased last worked at this occupation (manth and	Faringisimus Stribulous 1 daying
10. Date deceased last worked at this occupation year)	
ly /	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Character State or country)	measles / wh ago
14. BIRTHPLACE (city or town) Park mills Fred. Co.	Nama of operation
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Myrtle Virginia Day.  16. BIRTHPLACE (city or town) Mr. Hewisdald	23. if death was due to external causes (VIDL ENCE) fill in elso the following:  Accident, suicide, or homicide?
State or country)	Where did injury occur?
17. INFORMANT JURS WY THE D. Boston (Address) P. D. Wourovea, mad	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION OR REMOVAL	Menner of injury
Mallslow and Date May 14, 192	Nature of injury
19. UNDERTAKER Boy 24. Barber (Address) Authoropillo mis	24. Was disease or injury in any way related to occupetion of deceased? 720
manus 27 10.00 0 00 10 100	If so, specify (Signad) Leave 711.   South M. D.
20. FILED Thought, 1937 Claude W. William	(Address) Damas Chis his

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Example I	li	Example II	
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Chronic interstitial naphritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUN 7 1947			
Other contributory causes of importance! . S.	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

BINDING RESERVED ARGIN

PHYSICIANS

back instructions p important. should OF WRITE LION

1. PLACE OF DEATH Registration Dist. No. 2\_11 Md, R F Clarksburg (If death occurred in a hospital or institution, give its NAME instead of street and number) 2. FULL NAME Thomas Edgar Clarksburg (a) Residence: No. (Usual place of abode) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 37 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (rurite the word) White Married Male (Month) 5e, If married, widowed, or divorced HUSBAND of HEREBY CERTIFY, That I attended deceased from Briggs Marv (or) WIFE of 6. DATE OF BIRTH (month, day, and yeer) April If LESS than 7. AGE Months Devs to heve occurred on the date steted ebove, at \_\_\_\_ I day .....hrs. The PRINCIPAL CAUSE OF DEATH and releted ceuses of importence or .... min. Date of onset 8. Trede, profession, or particular kind of work done, es SPINNER, Fa rmer CUPATION SAWYER, BOOKKEEPER, etc ... 9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc..... 10. Date deceesed last worked at this occupation (month and spent in this Other Contributory Causes of importance 12. BIRTHPLACE (city or town) \_\_\_\_\_ Mapy ] - and (State or country) FATHER Name of operation... 14. BIRTHPLACE (city or town) \_\_\_\_Maryland (State or country) What test confirmed diagnosis?\_\_ Was there an autopsy?. MOTHER 15. MAIOEN NAME Sarah E Clagett 23. If death was due to external causes (VIOLENCE) fill in also the following: 16. BIRTHPLACE (city or town) Maryland Accident, suicide, or homicide? .... (Stete or country) Where did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE, 17. INFORMANT (Address) 18. BURIAL, CREMATION, OR REMOVAL Manner of injury 0ate May 15th 1937 Nature of Injury ... Gartner Ernest 24. Was disease or injury in any wey related to occupation of deceased? 19. UNDERTAKER Caithersburg (Address) If so, specify 20. FILED May 14, 1937 Atillians Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II	
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Arteriosclerosis BUNEAUVS	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perionitis 1937	3 days ago
		DUDENI V S	
		and the second s	
Other contributory causes of importance:		Other contributory causes of importance:	10000
Gallstones	May 1,1923	Gastroenteritis	1 year

should state of OCCUPAitem of infor-PHYSICIANS Stated EXACTLY. PHYSICIAN. UNFADING INK-THIS IS A PERMANENT RECORD. Every ARGIN RESERVED FOR BINDING TION is very important. See instructions on back of certificate. mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be -WRITE PLAINLY, WITH

V. S. No. 1

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(131)
County Mongomery	Registration Dist. No.
Village or City Takena + avis	No. Weshin fon Sanifarium + Hose St., Ward f death occurred in a horpital of institution, give its NAME instead of street and number)
Length of residance in city or town where death occurradyrs,mo	s. / 4_ds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Mys Anna Brewn	If U.S. Veteran specify WAR
(a) Residence: No. 3301/2 20cen (Usual place of abode)	St., Ward. Laneas Ter, Grands and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Widowed.  Temale  Widowed. or divorced	21. DATE OF DEATH (Month) (Day) (Year)
HUSBAND of (or) WIFE of Mr. Harry Brown	1 HEREBY CERTIFY. That I attended deceased from 1937, to May 1937
6. DATE OF BIRTH (month, day, and year) March 12, 1857	liast saw h.e. m. alive on Mo-1 1937; death is said
7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	were se follows.
8 Trade, profession, or particular kind of work dona, as SPINNER, Tactical Musee SAWYER, BOOKKEEPER, etc.	Date of one of Date of
9 industry or business in which work was done, as SILK MILL,	A : 0 A
SAW MILL, BANK, etc	Mystardial dequeration
12. BIRTHPLACE (city or town) Lancaster, Jenna:  (State or country)	Other Cantributory Causes of Importance:
13. NAME Christ Warfel	
13. NAME Chris Warfel  14. BIRTHPLACE (city or town) Mr. Nabo, Penna.  (Stata or country)	Name of operation
5 15. MAIDEN NAME Kathleen Alexandra	23. If daath was dua to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Kathleen Alexandra  16. BIRTHPLACE (city or town) - Mt. Meber Penna  (State or country)	Accident, suicida, or homicide?
17. INFORMANT Washington Sanitarium Records. (Address) Taxona Park, Md.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Landaules Jan Date May . 22 1, 1937	Nature of injury
19. UNDERTAKER / Armed Se Jumphing (Address) Julie Spring	24. Was disaase or injury in any way related to occupation of deceased? W.O.
20. FILED Mary 22, 187 A Registrar.	(Signed) Caro F. Pallerson M. D (Address) Jakonel Garef Ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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E	cample I	11	Example II	
The principal cause of dea of importance were as follows:	th and related causes ws:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MIN 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	31 12	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
1				
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		<u> </u>		

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5551
1. PLACE OF DEATH	R-8.
County Montgomery Village or City Takoha Sark	No. 3/0 - Jakoma and St. Ward
, by (II	f death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Comma Wideman Du	ckingham.
(a) Residence: No.310 Jakoma ave. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX flate 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word)	21. DATE OF DEATH  (Day)  (Year)
HUSBANO OF WIFE OF WIFE OF WIFE OF Buckingham	22. I HEREBY CERTIFY. That I attended deceased from 1910, to May 5, 1937
6. DATE OF BIRTH (month, day, and year) ec. 16 - 1872	I last saw h alive on ,19 ; death is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the data stated above, at 2.0m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	acute Myo cardetis Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  11. Total ima (years)	
TO. Oate deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Washington (State or country)	Other Coutributory Causes of Importance: 427
" 13. NAME I M ST. Toke	
13. NAME W/ Toke  14. BIRTHPLACE (city or town) Washington (Stata or country) D. Washington	Neme of operation Oate of What test confirmed diagnosis? Was there an au'opsy? 200
15. MAIOEN NAME & lesabeth Sugh	23. If death was dua to external ceusas (VIOL ENCE) fill in also tha following:
15. MAIOEN NAME Sugabeth Sugh  16. BIRTHPLACE (city or town) (State or country)	Accident, suicida, or homicide?
17. INFORMAN War F. Buckingham (Addrass) 3/0 Takoma are	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Wash . D. C. Oate May 7, 1937	Manner of Injury
19. UNDERTAKE The S. St. Ofinia Co (Address) 2901-144 St. nw.	24. Was disease or injury in eny way related to occupation of deceased?
20. FILED May 6, 1937 26, E. Rogers.	(Signed) Cores & M.D.  (Address) \$ 19 Jaylor & Molowal &
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car *	1 week ago
July 5,1927	Peritonitis	3 days ago
May 1,1923	Other contributory causes on importance:  Gastroenteritiss	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory cause of importance:

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	was not a Vetrani 2002
County Monigomery (v-	Registration Dist. No. 223
Village or City Takomal Park.	No3/0-Jakoma ane . St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How tong in U.S. if of foreign birth?yrsmosds.
2. FULL NAMER Illiam F. Bucke	naham
(a) Residence: No. 310 - Jakoma ave	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH
Male While Widowed.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of Emma W.	Oct 1975 to May 18 1937
6. DATE OF BERTH (month, day, and year) Way 24, 156 8	t last saw h con alive on Musey 18 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at 8-fb-m.
68 11 24 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows?
8. Trada, profession, or particular kind of work dona, as SPINNER, Brokkeefeer SAWYER, BOOKKEEPER, etc. Brokkeefeer	Booto Musiona 57(4/
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
Spent In this	
year) 2004 1211 1 occupation Light	Other Contributory Causes of Importanca:
12. BIRTHPLACE (city or town out a lembers	
(State or country) 22 3.	
13. NAME Jarry Buckingham  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
	What test confirmed diagnosis? Was there an au'opsy? A.S.
15. MAIDEN NAME Julia Brustol 16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also tha following:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
al Dollar	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT Sugh Suckingham.	Specify whather injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) Lenden Md  18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Placa Wash DC Data May 25, 137	Nature of injury
19. UNDERTAKER The S. A. Stines Co-	24. Was diseasa or injury in any way related to occupation of deceased? 70
(Address) 2901-14 & 8x. NW.	If so, specify
20, FILED Mans 19, 1937 He Rogers	(Signed) War Ed Roccoss M. D
Registrar.	(Address) BI A digital ST NW
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1. Washy to

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To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	_	Example II
The principal cause of death and related causes of importance were as follows:	Date of onset	Example II  The principal cause of death and lated causes of importance were as follows:  Attack of epilepsy  Date of onset
Arteriosclerosis	1915	Attack of epilepsy
Chronic interstitial nephritis	1921	Run over by street car
Cerebral hemorrhage	July 5,1927	Peritonitis 27 100 3 days ago
Other contributory causes of importance:		Other contributory causes of importance:
Gallstones	May 1,1923	Gastroenteritis 1 year

Jo

. Z: death is said

Date of onset

(Address)

18. BURIAL, CREMATION,

(Address)

20, FILED LA

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Registrar.

Manner of Injur Nature of Injury

If so, specify.

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 4 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER ST	TATEMENTS 1	$\mathbf{BY}$	PHYSICIAN
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BINDING

RESERVED

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Cerebral hemorrhage JUN 3 133	July 5,1927	Peritonitis	3 days ago	
BUREAU V	S. II			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

TION is very important. See instructions on back of certificate.

STATE OF MARYL	AND-CERTI	FICATE	OF DEATH
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1	Shr	çu.	P		
5	0	0	ł	)	

1. P	PLACE O	F DEATH				(19)
	County	mon	Anon	cery		Registration Dist. No. 3/6
	Village or C	ity	1Be	therd	-	No. reas Persy Pord St. War
	Langth of resi	idanaa la aitu a	r town whom	dooble assumed		f death occurred in a hospital or institution, give its NAME instead of street and number)
			Jown where	death occurred	yrsmos	sds. How long in U.S. If of foreign birth?yrsmosd
	FULL NA	h.	Di	Coce	1 PY	7
	(a) Residen	ce: No.	140	(Usual place)	of abode)	St., Ward.  If nonresident give city or town and State
	PERSON	IAL AND	STATIST	ICAL PARTI		MEDICAL CERTIFICATE OF DEATH
3. SEX	1	4. COLOR C		5. SINGLE, MARI	RIED, WIDOWED,	21. DATE OF DEATH MA A MA
fen	usle	(	<u>*</u>	OR DIVORCED	(write the word)	May 2/, 193/.
Sa. If m	narried, widow	ed, or divorced				(Month) (Day) (Year)
(0	USBAND of or) WIFE of					1 HEREBY CERTIFY That I attended deceased fro
				7		19 to 10 19 3
7. AGE	E OF BIRTH (	month, day, ar	Months	Days	If LESS than	Usest saw h
	48	?		54,5	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
_ 1 8.	Trade, profes	ssion, or partic	ular		ormin.	were as follows:
0	kind of v SAWYER,	ssion, or partic vork done, as : BOOKKEEPER	SPINNER,	none		Totrome Cardis - resentat
OCCUPATION 6	. Industry or	business in wh	ich			1.
3		s done, as SILK L, BANK, etc ed last worked				disesse.
0	this occu	pation (month	and		me (years) It in this —— pation	Chronic interstitial nephritian Duration 3 years
-	your/		/ .	/ 8	patron	Other Contributory Causes of Importance:
	THPLACE (cit (State or cour		Was	1	······	
	NAME (	Ren. =	7. Cr	lema		- William
E	/		1	/		no
K 14.	State or	(city or town) country)		2,		Name of operation
₩ 15.	MAIDEN NA	ME ME	aria	Tut		23. If death was due to external causes (VIOL ENCE) fill in also the following:
<b>⊢</b>	RIRTHPLACE	(city or town)		>	•	Accident, suicide, or homicide?
X		country)		1		Where did Injury occur?
17 INF	ORMANT	us	Fran	k Cole	men	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
	(Address)	B	exte	oda,	med.	
	ZV	ON OR REMA	DVAL )	lasuring	John 8 . C.	Manner of injury
	Place - 0	-10-41	9	Date 🗀 🛫	1927	Nature of injury
19. UND	DERTAKER 4	Mrs.	Tras	مر الم	~~~ <u>`</u>	24. Was disease or Injury in any way related to occupation of deceased?
	(Address)	589	- 00	J. Ch	o.na	If so, specify
20. FILE	D. 6-	28.,196	37 6	8.C.P.	erry m.	(Signed) 6, J. Paulispeed M.
					Registrar.	(Address) Derresda, Mrs.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example II	1	Example I				
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Run over by street car	1921	Chronic interstitial nephritis				
Peritonitis	July 5,1927	JUN 7 180	Cercbral hemorrhage			
	1	NUREAU V. S.				
Other contributory causes of importance:		auses of importance:	Other contributory ca			
Gastroenteritis	May 1,1923		Gallstones			
Gastroenteritis	May 1,1923		Gallstones			
s	of importance were as follows:  Attack of epilepsy Run over by street car Peritonitis  Other contributory causes of importance:	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	of importance were as follows:  Attack of epilepsy  Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:			

$\gamma$	ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN
Decen	I was found dead. Justice of the Teace
Jamin	ins, of Bexteeda med Couthortsed the
0.	1 1 2 × 1 : NO
issuku	ee of vas certificant.

N. B.—WRITE PLA mation should CAUSE OF D TION is very

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K	ppli	erm	ing
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E	ly	lai	U.
W	[n]	u b	nt
INLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	EATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	important. See instructions on back of certificate.
K	e c	AT	n no
	7	6	-

# STATE OF MARYLAND-CERTIFICATE OF DEATH

E	P	E	C
U	U	U	U

II I LAUL	OI DEATH				(5,2),				
County	MontgCo							Dist. No.	218
	r City Gaithersh		id BEFY:	Cina	Home	for .	Aged	St.	Ward
			(10	death occurred	d in a hospital or	riostitution, g	rive its NAMI	E iostead of street	and number)
Length of r	residence in city or town where	death occurred	.DyrsQmos	ds.	How long in U	.S. if of forei	gn birth?	yrs	mosds.
2. FULL N	AME Eugene	Compto	n		If U. S. Vet	eran, speci	ify WAR		
	dence: No. Gaith			tys).					
(4) 110010	2011001 1101SESSORCESSES	(Usual place	e of abode)	A. Cari			i nonresident	give city or town	and State
PERSO	NAL AND STATIST	ICAL PART	ICULARS		MEDICA	L CERT	IFICATE	OF DEAT	н
3. SEX	4. COLOR OR RACE White		RRIED, WIDOWED, ED (write the word)	21. DAT	E OF DEA	May	,	2/	, 193 7
5a. if married, wid	dowed, or divorced	1 11100 2 2 11	.04			J'il	intro)	(Day)	(Year)
(or) WIFE of		one Con	nton	22.	HERI	EBYC	ERTIF		ided deceased from
	JULIA OI	Aug 2	1856		Rugas				2/,19.37
6. DATE OF BIRT	(H (month, day, and year)	Aug 2	1000	I last saw h	- Und alive	on	Ma	4 21,19	3.2; death is said
7. AGE	Years Months	Pays	If LESS than	to have occ	curred on the dat	le stated abov	ve, at 61	SAm.	
1856	80 9	10	1 day,hrs.	The PRINC	CIPAL CAUSE OF	F DEATH and	I related cause	as of importance	1
8. Trade, pro	ofession, or particular	Carper		11010 8310	mows.				Date of onset
NO SAWY  SAWY  SAWY  TO. Date deci	of work done, as SPINNER, ER, BOOKKEEPER, etc	Carber	Iner.	Care	emom	ao	I no	-6	1917
9 industry	or business in which was done, as SILK MILL,	11 11				7/		sin).	
SAW	MILL, BANK, etc					7		ens.	
	eased last worked at coupation (month and	11. Totai	time (years) ent in this 50 cupation 50				••••		
	193	-	cupation 50	011 6	-1-1 C	-			
12. BIRTHPLACE	(city or town) Mary L	and		Other Cent	tributory Causes	ot importance	1:		
(State or o	country)			mi	rstan	. 4	001.0		
13. NAME	John Com	pton		July Jan 1 A	N. W. III.		uds		
13. NAME	Md					Trac	uag		
(State	ACE (city or town) or country)			Name of or		· .		Dale	
	Maser								an autopsy?
15. MAIDEN 16. BIRTHPLA	Mary Mo	ore						ll in also the folio	
16. BIRTHPLA	ACE (city or town)	<u></u>						Date of injury	, 19
- (State	or country)			Where did	injury occur?	(\$	pecify city or	town, county and	(State)
(Address)		d, H M		3 pecify wh	ether injury occu	urred in INDI	USTRY, in HO	ME, or in PUBLIC	PLACE.
18. BURIAL, CREM	Buckland V	a	may 24 3		injury				
19. UNDERTAKER (Address)		C Gart thersbu			ease or injury in			ation of deceased	7. W
	my 22,19 37 al	rudas	Gooke Registrar.	(Signe	L	the	Fork	Kuh	M.D.
	If more	blanks are needed,	, address State Registrar,	2411 N. Char.	les Street, Baltim	ore, Requester	ng U. S. No.	I.	

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BUK						
Other contributory causes of importance:		Other contributory causes of importance:	1000			
Gallstones	May 1,1923	Gastroenteritis	1 year			

County

back

important.

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LION

# STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEATH

Registration Dist. No. < How long in U.S. if of foreign birth?\_\_ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH CERTIFY. That I attended deceased from 19.3.7: death Is said to heve occurred on the date stated above, at \_ 9:10 Pm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows Date of onset

Village or City PERSONAL AND STATISTICAL PARTICULARS 4. COLOR OR RACE 3. SEX 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word), 5a. If married, widowed, or divorted HUSBAND of (or) WIFE of 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Years Months or .... min. 8. Trede, profession, or particular OCCUPATION kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.\_\_\_ 9. Industry or business in which work was done, es SiLK MILL, SAW MILL, BANK, etc..... 10. Date deceased last worked at 11. Total time (yeers) this occupation (month and spent In this occupation ... 12. BIRTHPLACE (city or town) (State or country) FATHER 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER 15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFORMANT (Address) 18. BURIAL, CREMATION, OB REMOVA 19. UNDERTAKER (Address)

What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following:

Other Contributory Causes of Importance:

Accident, sulcide, or homicide?\_\_\_\_\_\_\_ Date of injury\_\_\_\_\_\_\_19\_\_\_\_\_

(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury Nature of injury

if so, specify

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronie interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
JUN 7 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHYSICIAN
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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

BINDING

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as scrvant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, ctc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Pate ot onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 7 1937	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND—CERTIFICATE OF DEATH

200	80	Bir	1)
1)	U	U	V

1. PLACE OF DEATH	(92-0)
County Monly oneny	Registration Dist. No. 217
Village or City Oluny	No. Monty Co General Itas. St., Ward
	death occurred in a forpital or institution, give its NAME instead of street and number) ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Margaret & Dawson	If U. S. Veteran, specify WAR
(a) Residence: No. (Uaual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  Man 6, 197, to Man 15, 1937
6. DATE OF BIRTH (month, day, end year) Jan 3 1876	I last saw h 22 dive on Mary 14, 1937; death is seid
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, et
61 4 12 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were es follows:
8. Trede, profession, or particular kind of work done, as SPINNER,	Chronic valvular 1931
SAWYER, BOOKKEEPER, etc.	heart clisease
Kind of work done, es SPINNER, Assure ( Left 1)  Kind of work done, es SPINNER, Assure ( Left 1)  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation (month and spent in this occupation	
	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	
E	Name of operation Date of
14. BIRTHPLACE (city or town)  (Stete or country)	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Curlia Somewill	23. If death was due to external causes (VIOLENCE) fill in also the following:
H	Accident, suicide, or homicide? Date of injury 19
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
17. INFORMANT Harry a Sawson Brother (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place lunou Gunting Date May 17, 1927	Neture of injury
Marine E P. Ly.	24. Was disease or injury in any way related to occupation of deceased?
19. UNDERTAKER Partie G. Villegaring (Address) Rankowlls	If so, specify
2. 10 37 05 000	(Signed) I Hartle M. D.
20. FILED May (DO, 192). C. J. V. William M. Registrar.	(Address) Rockville

V. S. No. 1

If more blanks are needed, address StafeRegistrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the decased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of of importance were as f	death and related causes ollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MMEINE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit	is the same of	1921	Run over by street car	1 week ago
Cerebral hemorrhage	\$1911 A 1017	July 5,1927	Peritonitis	3 days ago
	SUSEAU V. S			
Other contributory caus	es of importance:		Other contributory causes of importance:	- 11
Gallstones		May 1,1923	Gastroenteritis	1 year

A. A.	STATE OF MARYLAND	CERTIFICATE OF DEATH
infor- state UPA-	1. PLACE OF DEATH	822
of infor	County Manlganery	Registration Dist. No. 217
item of should of OCC	Village or City Olnley	No. MANY CO Gest ADAD St., Ward death occurred in a hospital or iostitution, give its NAME iosteod of street and oumber)
t S		ds. How long in U.S. if of foreign birth?mosds.
kD. Every YSICIANS statement	2. FULL NAME Bros Burnetta Der	Rick If U. S. Veteran, specify WAR
	(a) Residence: No. 14 Paplat aul (Usual place of abode) Util	Ward. Mal If nonresident give city or town and State
REC. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
E X	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED Furite tha word)  While the word of the second of	21. DATE OF DEATH May 2 nd 1937
ING NEN CTI	5a. If married, widowad, or divorcad	22. 1 HEREBY CERTIFY, That I attended deceased from
BINDIN ERMANH EXACT y classifie	(or) WIFE of Jacon Balerrick	may 1 - 1934 to May 2 - 1937
BINI ERM EX class	6. DATE OF BIRTH (month, day, and year) tener - 1866 -	Hast saw hell elive on May a nd 1937; death is seld
न च ल	7. AGE Yeers Month's Days If LESS than	to have occurred on the date stated above, at 1255 Pm.
FOR IS A stated proper	70 11 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importanca wera as follows:
F st	_ 8. Trade profession or perticular	Date of onest
ED HIS be be of of	SAWYER, BOOKKEEPER, etc. Sausekee bw	Cerebral hemorohage - 3/1/25
RVE ould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11/2/
SERV] NK—T should it may n back	SAW MILL, BANK, atc.	
いい日間もの	10. Data deceased last worked at this occupation (month and spent in this spent in this	
ARGIN RESTANTION INTERPRETATION OF THE PARTY	year)occupation	Other Centributery Causes of Importance:
S S S S S S S S S S S S S S S S S S S	12. BIRTHPLACE (city or town) Thank	
RGIN VFADII plied. rms, so nstructi	(State or country)	Vyperlension 1933
VARG UNFA supplied n terms, ee instri	13. NAME JOHN Droward	(//
TTHE UNFA	13. NAME JOHN OYOURS	Name of operation Date of Date of
The last	(Stata of Country)	What tast confirmed diagnosis of Amsuation Was there an autopsy? The
WI eful in p	15. MAIDEN NAME amelia Jache	23. If death wes due to external causes (VIOLENCE) fill In also the following:
2	0 16. BIRTHPLACE (city or town) Vandou	Accident, suicide, or homicide? Date of Injury 19
P S S S	S (State or country)	Where did injury occur?
PLAINLY, OF DEATH very import	17. INFORMANT MISS Of Detrick	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
E PLA should OF D	(Address)/4 Poplar are Jaconia Px ma	
sho E OJ	18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
E a SE	Trace Touch To By Date May 14 ,19 )	Nature of injury
-WRITE mation s CAUSE TION is	19. UNDERTAKER LOS Gawler Sons	24. Was disease or injury In eny way related to occupation of deceasad?
T I E O H	(Address) 17 A & Cenn. as boach DE	If so, specify
S. N.	man 2 man 2 CABON COL	(Signad) Nas 6 Simpleson M. D.
» z	20. FILED May d , 19.37 CSN 200 May degistrar.	(Addrass) Pandy Stoning mid
		24.12 N. Charles Street, Baltimore, Requesting V. S. No. 1.
		//

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I	li di	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 4 1951	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ALL WAY			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	5561
County Montgomery	Registration Dist. No. 223
Village or City Takoma Park	No. Washin aton Sanitarium & Ast spital Ward death occurred in a hospitatoryinstitution, give its NAME instead of street and number)
	death occurred in a holphatorynationon, give its IVAIVIE instead of street and number) L. ds. How long in U.S. if of foreign birth?yrsmosds.
M O D III	2
2. FULL NAME (14 George Escavaille	
(a) Residence: No. 3 Block	St., Ward. Augustsville Maryland
(Usual place of abode)	( If nonresident give city or town) and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Fannie L. Escovaille	22. I HEREBY CERTIFY, That I attended deceased from  1937, to May 16, 1932.
6. DATE OF BIRTH (month, day, and year) July 4 1889	I last saw him elive on 12 au 15 , 1932; death is said
7. AGE Years Months Bays If LESS than	to have occurred on the date stated above, at 1.43 a.m.
47 8 12 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
_ S Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, Rate Clerk	Bound of True of Days to
9. Industry or business in which	Good of all times
work was done, as SILK MILL, Fruit growers Rapress	The rate of all and all and
10. Date deceased last worked at	the chold synchethery with portament to
this occupation (month and spant in this 25'	choledatheases and challey states Duration; Jeans
12. BIRTHPLACE (city or town) Baltimare, md.  (State or country)	Other Contributory Causes of Importance:
1	Choleciplectomy by thay I
13. NAME Charles L. Excovaille	another sugger
13. NAME Charles L. Excovaille 14. BIRTHPLACE (city or town) Baltismare, Md. (State or country)	Name of operation to explicitly Date of May 2.  What test confirmed diagnosis? Was there an autopsylles
15. MAIDEN NAME Blanch L. Escoville	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Blanch L. Escaville 16. BIRTHPLACE (city or town) Irap, md. (State or country)	Accident, suicide, or homicide? Date of injury, 19
- (State of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Washington Sanitarium Records (Address) Tationa Park, mareland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury
Place yallerille md Date May 18 ,1937	Nature of Injury
F Grade So	
19. UNDERTAKER  (Address) Set attente mo	24. Wes disease or injury in eny way related to occupation of deceased?
VI II SE SED	If so, specify
20. FILED May 16, 1937 70, 6, Registrar.	(Signed) M. D.  (Ardress) Johnna (Park M.)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
`			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		Rock	
ADDITIONAL SPACE F	OR FURTH	ER STATEMENTS BY PHYSICIAN 29 193	MED
		0,0	
			R

should state of OCCUPA.

5562

1. PLACE OF DEATH	<u> </u>
County Montgomery	Registration Dist. No. 2//
Village or City nr. Etchron	ND. St., Ward  If death occurred in a horpital or institution, give its NAME instead of street and number)
	is death occurred in a norpital or institution, give its INAME instead of street and number)  isds. How long in U.S. if of foreign birth?yrsmosds.
	guson If U. S. Veteran, specify WAR
(a) Residence. No. 711- Etchison (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED ("conitc" the word)	21. DATE OF DEATH May 23 ,193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of	1 HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) May 23. 1937	1   1   1   1   1   1   1   1   1   1
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Still bustle 1 day, hrs	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were a follows:
8. Trada, profession, or particular kind of work done, as SPINNER.	Totally caused by
NOTION OF PARTICULAR AND	high food around
work was done, as SILK MILL, SAW MILL, BANK, etc.	Green of and
10. Date deceased last worked at this occupation (month and spent in this	
yaar) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) nr. Etcheson	Other Controllery Causes of Importance:
(State or country) md	
13. NAME TOUGH S. Perguson  14. BIRTHPLACE (city or town) Smead wife  (State or country)	
14. BIRTHPLACE (city or town) Smead wife	Name of operation Date of
(State of Country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Olie B. Marion  16. BIRTHPLACE (city or town) M. Suesdouble	23. If daath was dua to extarnal causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) M. Sheet will be (State of country)	Accident, sulcide, or homicide?
Carlot P France	Whera did injury occur? (Specify city or town, county and State)
17. INFORMANT	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place of the Deals pate May 24, 1937	- Nature of injury
19. UNDERTAKER L. B. Beall One.	24. Was disease or injury in any way related to occupation of deceased?
(Addiess Dameseus med	if so, specify O
20. FILEDOMAY 24, 1937 Della OV Burdette	(Signed) Leage M. Idayer M.D.
1) 15 + Registrar.	(Address) Damesello ma

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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Example 1		Example 11	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUNEAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

V. S. No. 1

-	Pt	6	7
0	0	U	1)

1. PLACE OF DEATH	72		
County Mondown	Registration Dist. No		
Village or City Cables feing med	No. St., Ward		
Length of residence in city or town where death occurred 440 yrs 3 mos	death occurred in a hospital or institution, give its NAME instead of street and number)  4. ds. How long in U.S. if of foreign birth? yrs. mos. ds.		
DI LAT.	100 tong in 0.0.11 of foliage bifch:		
2. FULL NAME When I areman	O. W. J.		
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  That	21. DATE OF DEATH 13 1937 (Year)		
5a. If married, wildowed, or divorced HUSBAND of Marth Laren Cor) WIFE of	22. That I attended deceased from 1937 to May 13 to 1937		
6. DATE OF BIRTH (month, day, and year) 1 5 7 3	Hast saw hem alive on may 10 th, 1937; death is said		
7. AGE Years Months Oays If LESS than 1 day,hrs.	to have occurred on the date stated above, at		
8. Trade, profession, er, particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Pulmoney Jubersloses Date of onset		
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	1937		
11. Total time (years) this occupation (month and 935 year)  11. Total time (years) spent in this occupation 50			
12. BIRTHPLACE (city or town) 200 1 200 1 200 1	Other Contributory Canses of Importance:		
13. NAME Wesly - Forms			
13. NAME Was by South 14. BIRTHPLACE (city or own). 2000 150	Name of operation Data of		
(State of country)	What test confirmed diagnosis? Was there an aulopsy?		
15. MAIDEN NAME Likeway  16. BIRTHPLACE (city or town)	23. If death was dua to external causes (VIOLENCE) fill in also the following:		
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury, 19		
17. INFORMANT That that Form	Where did Injury occur?(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, GREMATION OR REMOVAL  Place Color State Color Co	Manner of injury		
19. UNDERTAKER Rof M. Rayle.  (Address) Landership and Control of the Control of	24. Was disease or injury in any way related to occupation of deceased?		
20. FILED MAY S, 1937 97 & Levis Registrar.	(Signed) M. D. (Address) Jackenton M. D.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I			Example II		
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	JUN: 7 1937	July 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory causes of importance:			Other contributory causes of importance:	amenio	
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5564
1. PLACE OF DEATH	46-0
County Management	Registration Dist. No. 2
Village or City (1)	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)  ds. How long in U.S. If of foraign birth?mosds.
2. FULL NAME Richard I homes &	G ○ € Af U. S. Veteran, specify WAR
	St. Ward.
(a) Residence: No. (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OK DIVORCED (write the word)	21. DATE OF DEATH  27  1937
	(Month) (Dey) (Year)
5a. If marriad, widowed, or divorced HUSBAND of (w) WHE of	22.   HEREBY CERTIFY, That i ettanded deceased from
6. DATE OF WIRTH (month, day, and year) Dec. 17, 1875	I lest sow have elive on heary 26, 1,1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated ebova, &
6 ( 5 ) 10   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows:
8. Trada, profassion, or particular kind of work done, as SPINNER SAWYER, BOOKKEEPER, etc.	Carcina 1 Dequit
	Color ( ) ( year
work was done as SILK MILL	<u> </u>
SAW MILL, BANK, etc	
year) occupetion occupetion	Other Contributary Causes of importance:
12. BIRTHPLACE (city town)	Other Conditionary Causes of Importance.
(Stata or country)	
14. BIRTHPLACE (city or town)	
4 14. BIRTHPLACE (city or town)	Nama of operation Date of
(State of country)	What test confirmed diagnosis — Was there an autopsy?
15. MAIOEN NAME Carry Sures	23. If death was due to external causes (VOL ENCE) fill in also the following:
15. MAIOEN NAME Carri Buests 16. BIRTHPLACE (city or town) Carries (State or country)	Accident, suicide, or homicide?
(State of County)	Where did injury occur? (So ify city or town, county and State)  Specify whether injury occurred in INDOSTN, in HOME, or in PUBLIC PLACE.
17. INFORMANT (Address)	Specify whether injury occurred in INDOSTRY in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace ( ) amale. Data hay 30, 197?	Nature of injury
Roll Bank	24. Was disease or injury in any way related to occupation of deceesed?
19, UNDERTAKER (Address)	If so, specify 2
20, FILED May 3 0, 19 3 7 Della WB watt	(Signed) M. M. C. Sayan M. D.
20. FILED & Registrar.	(Addrass) 1 ) on one con-
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employec," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5,1927 Peritonitis  Other contributory causes of importance:	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
ADDITIONAL	SPACE	FUR	FURTHER	STATEMENTS	BI	PHYSICIAL

## STATE OF MARYLAND—CERTIFICATE OF DEATH

County	os,ds
2. FULL NAME Carrie Collection (a) Residence: No. Mafsell Function (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (regric the word)  Soll It merried, widowed, or divorced HUSBAND of (or) WIFE of Carrie (Month)  6. DATE OF BIRTII (month, day, and yeer)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Frede, profession, or perticular kind of work done, as SPINNER Consolius of Month (Month)  8. Frede, profession, or perticular kind of work done, as SPINNER Consolius of Month (Month)  8. Frede, profession, or perticular kind of work done, as SPINNER Consolius of Month (Month)  8. Frede, profession, or perticular kind of work done, as SPINNER Consolius of Month (Month)  8. Frede, profession, or perticular kind of work done, as SPINNER Consolius of Month (Month)  8. Frede, profession, or perticular kind of work done, as SPINNER Consolius of Month (Month)  9. Industry or business in which work work were done, as SILK MILL,  Work were done, as SILK MILL,  Aparabation 2. Several years of Reverse Consolius of Month (Month)  1. DATE OF DEATH (Month)  2. DATE OF DEATH (Month)  3. DATE OF DEATH (Month)  4. DATE OF DEATH (Month)  2. DATE OF DEATH (Month)  2. DATE OF DEATH (Month)  3. DATE OF DEATH (Month)  4. DATE OF DEATH (Month)  2. DATE OF DEATH (Month)  3. DATE OF DEATH (Month)  4. DATE OF DEATH (Month)  4. DATE OF DEATH (Month)  4. DATE OF DEATH (Month)  5. DATE OF DEATH (Month)  4. DATE OF DEATH (Month)  4. DATE OF DEA	
(a) Residence: No. Mafele House of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (write the word)  6. DATE OF BIRTH (month, day, and yeer)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  8. Irede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work were done, as SILM MILL,  Consideration of subdence of abode)  St., Ward.  MEDICAL CERTIFICATE OF DEATH MAGE  MEDICAL CERTIFICATE OF DEATH MAGE MONTH OF DEATH MAGE MEDICAL CERTIFICATE OF DEATH MONTH OF DEATH MAGE MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MEDICAL CERTIFICATE OF DEATH MAGE MONTH OF DEATH MAGE MEDICAL CERTIFICATE OF DEATH MAGE MEDICAL CERTIFICATE OF DEATH MAGE MONTH OF DEATH MAGE MEDICAL CERTIFICATE OF DEATH MAGE MONTH OF DE	State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE OR DIVORCED (rurite the word)  54 If merried, widowed or divorced HUSBAND of (or) WIFE of Gas  6. DATE OF BIRTII (month, day, and yeer)  7. AGE Years Months Days If LESS than 1 day, hrs. or min.  8. Irede, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,  1. Industry or business in which work were done, as SILK MILL,	State
3. SEX 4. COLOR OR RACE OR DIVORCED ("write the word)  White of Gas and Sex and year)  6. DATE OF BIRTII (month, day, and year)  7. AGE Years Months Days If LESS than 1 day, hrs. or min,  8. Trede, profession, or perticular kind of work done, as SPINNER. SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work were done, as SILK MILL,  1. AGE SEX  4. COLOR OR RACE OR DIVORCED ("write the word)  (Month) (Day)  22. If HEREBY CERTIFY. That attended ("Wary 29", 1937", to Many 29", 1937", to have occurred on the date stated above, etc. 2006. m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  9. Industry or business in which work wes done, as SILK MILL,  Days though 29. Several years of the second of	
OR DIVORCED ("write the word)  White Museum of the Service of the	
6. DATE OF BIRTII (month, day, and yeer)  8. Trede, profession, or perticular kind of work done, as SPINNER, How SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL,  22. I HEREBY CERTIFY. That Jattended 22. I HEREBY CERTIFY. That Jatt	, 193 7
6. DATE OF BINTII (month, day, and yeer) 848 UNDOWN A last sew h. C. alive on Mary 24, 1937.  7. AGE Years Months Days If LESS than to have occurred on the date stated above, et 2.04 m.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  8. Trede, profession, or perticular kind of work done, as SPINNER. Conserved were es follows:  9. Industry or business in which work wes done, as SILK MILL,  9. Industry or business in which work wes done, as SILK MILL,	deceased from
7. AGE Years Months Days If LESS than 1 day,hrs. orhrs. o	1., 193.2
8. Trede, profession, or perticular kind of work done, as SPINNER, Houselost SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL,  1 day, hrs. or min.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:  Which is a support of the PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:	; death is said
SAWYER, BOOKKEEPER, etc. Outling My Carding Chronica.  9. Industry or business in which work wes done, as SILK MILL.  Anaphtica: Several years. CurteR	Data of onset
9. Industry or business in which work wes done, as SILK MILL,	
On mile, onen, ste.	
11. Total time (years) this occupation (month and spent in this	
Other Contributory Causes of importance:	
(State or country) allahurg on arlenovellroses is dura	
13. NAME IVO Menory years	-
14. BIRTHPLACE (city or town) Date of (State or country) What test confirmed diagnosis? Was there and	u'opsy?
15. MAIDEN NAME 23. If death was due to externel ceuses (VtOL ENCE) filt in also the following	
16. BIRTHPLACE (city or town) Accident, suicide, or homicide? Date of injury	, 19
(State of country)  Where did injury occur?  (Specify city or town, county and State of Country and State of Count	e) ACE,
(Address) (Addre	
Place Everyfreen Majore June 3, 19.3. Nature of injury	
19. UNDERTAKER File Control of deceased?	
20. FILED June 1, 197) The discount Registrar, (Address) (Although And K.	

N.B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RE

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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xample II	
eath and related causes llows:	Date of onset
	1 week ago
	1 week ago
	3 days ago
s of importance:	1 year
	s of importance;

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

## STATE OF MARYLAND—CERTIFICATE OF DEATH

5566

1. PLACE OF DEATH	<u> </u>	(I3)	,
County Montgomery	172777 - 343	Registration Dist. No. 📈	6
VIII.250 01. VII.7		No. 3 Worthington Drive St.,  Geath occurred in a hospital or institution, give its NAME instead of street and nur	
Langth of rasidance in city or town whara daat	h occurradyrs,mos	ds. How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAMECOTA B. Gro		If U. S. Veteran, specify WAR	
(a) Residence: No. 3 Worthin	gton Drive (Usual place of abode)	St., Ward.  If nonresident give city or town and St	
PERSONAL AND STATISTICA		MEDICAL CERTIFICATE OF DEATH	ate
	SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Female White	OR DIVORCED (water the word)	May 2 (Month) (Oay)	193 <b>7</b> • (Yaar)
5a. If marriad, widowad, or divorcad HUSBAND of	. la a	22. I HEREBY CERTIFY, That I attended da	cosped from
(or) WIFE of Vinekney day	sylle Groome	Jan I 1932, to May 2	
6. DATE OF BIRTH (month, day, and year) Fel	ruary 1860.	Hast saw h. er alive on May Ist ,19.37;	
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at I/IO_A. M.	
77 2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular	etired	Cardo basulas	Date of ouget
kind of work done, as SPINNER, Re SAWYER, BOOKKEEPER, atc.	3 0 1 1 G C	Renal disease	1932
kind of work done, as SPINNER, Resawyer, BookKEEPER, atc	ousewife		
0. Oata dacaasad last worked at this occupation (month and year)	11. Total tima (yaars) spent in this occupation		
12. BIRTHPLACE (city or town) Salisi (State or country)		Other Contributory Causes of importance;	apr 15
13. NAME Robert Broad	dfield.	/	
13. NAME Robert Broad 14. BIRTHPLACE (city or town) Smith	hfield.	Nama of operation Date of	
(State or country)	Va.	What tast confirmed diagnosis?	
15. MAIDEN NAME Mary E. F	alk.	23. If death was due to external causes (VIOL ENCE) fill In also the following:	
15. MAIDEN NAME Mary E. Fo	olk.	Accident, suicide, or homicide? Data of Injury	,19
∑ (State or country)	Va.	Where did Injury occur?	
17. INFORMANT Frank R. Mc. (Address) 3 Worthing	Ninch. ton, Drive	(Specify city or town, county and State) Specify whelher injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL Place Greensboro N.C	Date May 3, 19 37	Mannar of injury	
19. UNDERTAKER	ysong. Co.	24. Was disaasa or injury in any way ralated to occupation of decaased?/	0
	p 1.0. 2.0	If so, specify (Signed) A. G. Cray	
20. FILED 5 - 3, 1937	S. Clerry M.	(Address) 1242 Walnuton II 11 8	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.-Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

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Example I			Example II	
The principal cause of death and re of importance were as follows:  Arteriosclerosis	elated causes	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	17/17	July 5,1927	Peritonitis	3 days ago
BUREA	U.V.S.			
Other contributory causes of impor	tance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

	County		aml	gome	eg		Registration Dist. No. 2	3.
	Village or		gerno	rante	an		No. St	144.
		/	/				death occurred in a hospital or institution, give its NAME instead of street and nur	
	Length of r	esidence in cit	y or town where	death occurred	yrs	mos.	ds. How long in U.S. if of foreign birth?yrsmos.	
2	FULL N	AME	Mon	30 14		a.		
	(a) Resid	ence: No	gen	(Harala	lace of abode)	1 100	7st., Ward.	
	PERSO	NAL AN	STATIST		RTICULAR	s	If nonresident give city or 10wn and St MEDICAL CERTIFICATE OF DEATH	ale
3. S	-	1	OR RACE	5. SINGLE, I	MARRIED, WIO	OWED.	21. DATE OF DEATH	
27	uall	Con	neg		RCED (write the	word)	(Month) (Day)	193_7_
5a.	If married, wid HUSBANO of	owed, or divor	ced	21.0	0			(Year)
	(or) WIFE of	Co	ral	Jaco			22.   HEREBY CERTIFY, That I attended de	ceased f
e n	ATE OF BIRTI	I (month day	and de	200-2	15- 19	371	I last saw harmalive on J - 25 - 1932.	_, 19
7. A		ears	Months	Days	If LES	Sthan	to have occurred on the date stated above, et 3 P. m.	jea(ii is s
		537	5	0	1 day,	hrs,	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	
2	8. Trade, pro	fession, or pa	rticular	enhin	2. 824	/	a this	Date of on
2			S SPINNER,	mayo	14 1.60%		Carenda Maria Majharta	3/157
UP	9. Industry of work v	vas done, as S	LK MILL,				due to exposure. Ceof R	
000	10. Date dece	ased lest work	ed et	7 11. To	tal time (years) spent in this occupation	life	Chronic replaitis, Quarties: 4025	carsi.
12.	BIRTHPLACE (	city or town).	germa	a-toun	, ang	1,	Other Contributory Causes of importance;	
2	13. NAME	Jam	nel de	el				
THER			in	Snow	n			
FAT	14. BIRTHPLA (State	CE (city or tov or country) ,	vn)				Name of operation Oate of	
HER	15. MAIDEN N	IAME X	asy &	illian	R		What test confirmed diagnosis? Was there an auto 23. If death was due to external causes (VIOLENCE) fill in elso the following:	opsy?
	16. BIRTHPLA	CF (city or toy	m) line	Buss	n		Accident, suicide, or homicide? Date of injury	19
Ξ		or country)					Where did injury occur?	-,
17. I	NFORMANT (Address)	Cor	a garma	ef	n de	ia	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE	in the second
18. 1	BURIAL, CREMA	ATION, OR RE	MOVAL A	d	~ ~		Manner of injury	
	Place	my am	sum, x1	Oate	-20	793./	Neture of injury	
19. (	JNOERTAKER _ (Address)	Buy	yansı	Bar	ber md.		24. Wes disease or Injury In any way related to occupation of deceased?	
20. I	ILEO 2/2	8: 1	37 W	hh J	Some	20 Mo	(Signed) All Miller	72 M

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precisc statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," ctc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I			Example II	
The principal cause of of importance were as	death an Celatell	dules	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 4	1037	1915	Attock of epilepsy	1 week ago
Chronic interstitial nephri	118	1001	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDDAN	V S	July 5,1927	Peritonilis	3 days ago
Other contributory cau	ses of importance	:		Other contributory causes of importance:	
Gallstones			May 1,1923	Gastroenteritis	1 year


ь	Alice .		
1	6	600	
	. )	P. M.	
3	2.5	08	
	-	40	

X	B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.
•	RECORD PHYSI Exact state
BINDING	ERMANENT EXACTLY classified.
FOR 1	S IS A P stated properly certificat
MARGIN RESERVED FOR BINDING	IG INK—THIS IGE should be that it may be ons on back of
MARGIN	rH UNFADIN ly supplied. A lain terms, so See instruction
	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PER mation should be carefully supplied. AGE should be stated E CAUSE OF DEATH in plain terms, so that it may be properly IION is very important. See instructions on back of certificate.
. No. 1	B.—WRITE mation sh CAUSE O TION is v

1. PLACE OF DEATH		(108)	
County Mont gomern		Registration Dist. No. 223	
Village or City 1 a Roma	ark	No. Washington Santaring Thespitalse,	Ward
	· H	death occurred in a horpitation institution, give its NAME instead of street and num	nber)
Length of residence in city or town where death	occurred 1 yrsmos	ds. How long in U.S. If of foreign birth?yrsmos.	ds.
2. FULL NAME MY. HILLO	. W. Marned	If U.S. Veteran apecify WAR.	
(a) Residence: No. 5 Columbs	a flue (Usual place of abode)	St, Ward. Takoma Jark, md.  If nonresident give city or town and St.	ate
PERSONAL AND STATISTICAL	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	R DIVORCED (reprice the word)	21. DATE OF DEATH  May 29  (Month() (Day)	193_7(Year)
5a. If married, widowed, or divorced HUSBAND of			-
(or) WIFE of Florence 6.	Harned	22. I HEREBY CERTIFY. That I attended de march 25, 1937, to May 29	ceased from
6. DATE OF BIRTH (month, day, and year)	26.1872	I last saw ham alive on may 29 ,19.37;	., 19⊋_/ death is said
7. AGE Years Months	Days If LESS than 1 day, \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	to have occurred on the date stated above, atm.	
eH 10	2   ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trade, profession, or particular	-	typoscale recurous s	Tab 13
-	sician	debral Hewarkage	3/2/13/
A Industry or business in which work was done, as SILK MILL, JY.	C Music Studio	with apopletic Hespiplein	
10. Date deceased last worked at	11. Total time (years)	Lobor polumbria. Duration : One week.	
this occupation (month and 2/15/37	11. Total time (years) spent in this occupation 30 443	Cut-R	
Q1.1.100		Other Contributory Causes of Importance:	, .
12. BIRTHPLACE (city or town) hila dek (State or country)	phia, Jeuna	brebal luguoselliages fl	lutuos
ml - 100 011 51	rned	dente Bronefiles	3/18/3-
14. BIRTHPLACE (city or town) Brookl	and, n.y.	Name of operation Date of	/
(State of Country)	<u> </u>	What test confirmed diagnosis? Was there an auto	opsv?
15. MAIDEN NAME Rebecca S	heizer	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Rebecca S  16. BIRTHPLACE (city or town) Philade (State or country)	Iphia, Penna	Accident, suicide, or homicide? Date of Injury	, 19
17. INFORMANT Washington Sanit	Axiom Records	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	
18. BURTAL, GREMATION, OR REMOVAL	771 4.	Manner of injury	
Place Exosphyllm Coa	te May 29, 1937	Nature of injury.	
19. UNDERTAKER & EV. Lee		24. Was disease or injury In any way related to occupation of deceased?	la
(Address) 300-4-N	E	If so, specify of start and start an	
20. FILED 124 29 , 137 THE	Registrar.	(Signow) Al Although ash	2 AM. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis :	3 days ago
BUSEAU V 6		JUN 5 100	
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance:	1 year
	•		

ADDITIONAL SPACE FOR FUI	THER STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

STATE OF MARYLAND—  1. PLACE OF DEATH  County Mantgomery  Village or City Jakama Jark md	CERTIFICATE OF DEATH 5569  Registration Dist. No. 223  No. Washington Saw & Hospital Ward
Length of residence in city or town where death occurred yrs mos.  2. FULL NAME Mr. George Harting	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  5. If merried, widowed, or divorced	21. DATE OF DEATH  (Month)  (Dey)  (Year)
HUSBAND of (or) WIFE of Margaret Johnson	22. I HEREBY CERTIFY, That I ettended deceased from 1937, to May 22, 1937
6. DATE OF BERTH (month, dey, and year)  7. AGE  Years  Months  Days  If LESS than 1 dey,hrs. ormin.	I last saw h
8. Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and year)  11. Total time (years) spant in this occupation.	Trinary Carcinoma
12. BIRTHPLACE (city or town) Washington, D.C. (State or country)	Me fastass we Left ling + St. lyl
14. BIRTHPLACE (city or town) - German (State or country)	Name of operation Date of What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Ida Trasser  16. BIRTHPLACE (city or town) Mew York M. y.  (Stete or country)	23. If deeth wes due to external causes (VIOLENCE) file also the following:  Accident, suicide, or homicide?
17. INFORMANT Washington Sanitarium Records (Address) Lakonya Jack Mod	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place With Agricult Med Date May 3, 137	Manner of injury
19. UNDERTAKER MUNIS . Speare (Addiess)	23 Was disease or injuly in any wey releted to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registra

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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	Example-I	Example II		
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	JUN 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:	-11	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE	OF	MARYL	AND-	-CERTIFI	CATE	OF	DEATH
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P	P.	2 Day	6	ì
1	5	6	£	J

OR DIVORCED (write the word)  So. If marriad, wildowed, or divorced for) WIFE of Richard Nowes  6. DATE OF BIRTH (month, dey, and year)  7. AGE  Yaers  Months  Days  It LESS than Idey, her.  18	1. PLACE OF DEATH			92-20
Length of residence in city or forw where death occurred.  2. FULL NAME  (a) Residence: No. Characteristics and particulars  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, BARRIER DIOWED.  O(1) WHE of Color of divorced  HUSERIDO  (A) WIFE of PIRTH (month, day, and year)  7. AGE  Years  Months  Day  If LESS than  1 day	OTHER COMPONENTS LIMIUS OF		//	No. Was hington Santarmingle its Ward
(a) Residence: No. 9 AT Process Anderson (Usuals) St. (Us	Length of residence in city or town w	nere deeth occurred		
(a) Residence: No. 3 A There is the process of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX	2. FULL NAME MYS.	May No	29.W.	If II S. Veteran specify WAR
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARKIED, WIDOWED ON DIVORCED (which the word) (Month)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Month)  (Day)  (Month)  (Day)  (Month)  (Mont	(a) Residence: No.	hers ure	of abode)	St., Ward. Mary land
OR DIVORCED (write the word)  So. If married, widespeed, or divorced				MEDICAL CERTIFICATE OF DEATH
5. If married, widowed, or divorced HUSENDO Of (or) WIFE of Richard House S  6. DATE OF BIRTH (month, dey, and year)  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER, No. SEPTER, etc.  7. AGE  8. Trade, profession, or particular kind of work done, as SPINNER, No. SEPTER, etc.  8. Industry or business in which work was done, as SPINNER, No. SEPTER, etc.  9. Industry or business in which work was done, as SPINNER, No. SEPTER, etc.  10. Date deceased last worked at the work of the security of the s	+	OR DIVORCE	D (write the word)	may 15 ,193 7
TAGE Yaers Months Days If LESS than to have occurred on the date stated above, al				22. I HEREBY CERTIFY, That I attended deceased from
8. Trade profession, or perticular sind of work done as PSPINKER, 1. O use with the same as solved as the same as solved as solved as solved as the same a		Days	If LESS than	to heve occurred on the date stated above, and the first me.
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT Last Santas Santas was Reserted (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Addrass)  19. Under Last Santas S	8 Trade profession or perticular		ormin.	wass he follows:
(State or country)  13. NAME Edward Walled  14. BIRTHPLACE (city or town) Lishen Md  (Stete or country)  15. MAIDEN NAME Rebeka Bennel  16. BIRTHPLACE (city or town) German Sun Manager (State or country)  17. INFORMANT Lash Santarsing Reeds  (Addrass) Take Manager (Addrass)  18. BURIAL, CREMATION, OR REMOVAL  Place Place Manager (Address)  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  10. FILED May 16, 1937  10. State or country)  11. Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Signed)  24. Was disease or migry in any way related to occupation of daceased? MD  (Signed)  (Signed)  M. D.  (Signed)  M. D.  M.	Date deceased last worked at this occupation (month and yaar)	11. Total t spa oc:	time (years) ent in this upetion	Other Contributory Causes of Importance.
What test confirmed diagnosis?  Was there an autopsylvery  What test confirmed diagnosis?  Was there an autopsylvery  What test confirmed diagnosis?  Was there an autopsylvery  Was there an autopsylvery  Accident, sulcide, or homletde?  Date of Injury  Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Was there an autopsylvery  Accident, sulcide, or homletde?  Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  Was there an autopsylvery  Maccident, sulcide, or homletde?  Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  Nature of injury  19. UNDERTAKER  (Address)  Signed  Signed  M. D.  Signed  M. D.  Was there an autopsylvery  Accident, sulcide, or homletde?  Accident, sulcide, or homletde?  Date of Injury  Need of Injury  (Specify city or town, county and State)  Specify whether Injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  Manner of injury  19. UNDERTAKER  (Address)  Signed  Signed  M. D.		Walle	h	Cheunalic Fever Chilato
15. MAIDEN NAME Rebeka Bennel  16. BIRTHPLACE (city or town). German Lang, and Accidant, sulcide, or homloide? Date of injury., 19.  17. INFORMANT Language Square	14. BIRTHPLACE (city or town)(Stete or country)	bon md		1/0
17. INFORMANT La Que La	0 16. BIRTHPLACE (city or town)			23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accidant, suicide, or homicide?
Place Jessembours 110 at May 17, 1937 Natura of injury  19. UNDERTAKER Specification of daceased? Was disease of injury in any way related to occupation of daceased? Was disease of injury in any way related to occupation of daceased? Was disease of injury in any way related to occupation of daceased? Was disease of injury  20. FILED May 16, 19.3 7 20 5 Rogers  (Signed) Qual May 16, 19.3 7 20 5 Rogers  (Si	(Addrass) — tatems	Park, m	Records	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Girlling Mide (1 so, specty) 20. FILED May 16, 19.3 7 8 8 Rogers (Signed) each n. Calvy J. M. D.	0.	not no	ay(7,1937	
20. FILEDP (CL. 19.5)	19. UNDERTAKER (Address)	yhur -	med.	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balismore, Requesting U. S. No. 1.		26.6.1		(Ardress) alsona Jarly MA

statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Pate of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 6, 1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			3001

V. S. No. 1

TION is very important. See instructions on back of certificate.

of OCCUPA-

1. PLACE OF DEATH		
County Montgomes	Registration Dist. No. 2/7	
Village or City Olney m	No. St.	Ward
	death occurred in a hospital or institution, give its NAME instead of street and i	number)
	ds. How long In U. S. if of foreign birth?yrsme	osds.
2. FULL NAME William It. Ming	1f U. S. Veteran, specify WAR	
(a) Residence: No. Bear & Carlo Type	St., Ward.	
(Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and MEDICAL CERTIFICATE OF DEATH	State
3. SEX 4. COLOR, OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
Male white Widowed	may (Month) (Oay)	, 193 7 (Year)
5a. If married, widowed, or divorced HUSBAND of	22.   I HEREBY CERTIFY, That I ettended	deceased from
(or) WIFE of Jennel Crump King	Deb 1 , 1937, 10 may 6	1937
6. DATE OF BIRTH (month, day, end yeer) June 3 1857	I lest saw ham alive on may 6 , 19.37	: death is seld
7. AGE Years   Months   Days   If LESS than	to heve occurred on the dete steted ebove at & LQ P_m.	
79 11 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importence were as follows:	
8 Trade profession or perticular	A /	Oate of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etcCarpenter	Carcinoma & Homach with	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Pylarde Spinosio	april 15.
SAW MILL, BANK, etc		
10. Date decessed last worked et this occupation (month and year)	* 15 g	
A + 1 1 ( P	Other Contributory Causes of Importance:	1 - 3 16
12. BIRTHPLACE (city or town) - January (Stete or country)		-
	MAIMA	May 4-192
13. NAME Wilson King		
13. NAME Wilson King  14. BIRTHPLACE (city or town) SX Marys  (Stete or country)	Name of operation Date of	.1
	Whet test confirmed diagnosis? Westhere en e	
15. MAIDEN NAME Sarah Jones	23. If death wes due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME  16. BIRTHPLACE (city or town) Landauouvu  (Stete or country)	Accident, suicide, or homicide? Date of Injury	, 19
54/ 0/ 51/	Where did injury occur? (Specify city or town, county and Stat	e)
17. INFORMANT MASS. 14. Marrow	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) 73 marketon, W. d.	Manage of 1-1	
Place Forest Flow, Dete 5-9- 1937	Manner of Injury	
DIMP D.		-w
19. UNDERTAKER (Address)	24. Was disease or injury in eny way related to occupetion of deceased?	
(Audiess)	If so, specify Robert & Sardy	
20. FILEO May 10 , 195/ C . 3 / Januarey Registrar.	(Address) Clarpsville med	
// Registrar.	(Municas)	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

4/1	STATE OF MARYLAND—	CERTIFICATE OF DEATH 5572
UPA	1. PLACE OF DEATH	(82-0)
nent of OCC		Registration Dist. No. 273  No. 204 Space For St., Ward death occurred in a hospital oranstitution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
statement	(a) Residence No. 204 Spance Pul.	St. Ward.
	(Usual place of abode)	If nonresident give city or town and State
act	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Š	3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Mark Mark Mark Mark Mark Mark Mark Mark	21. DATE OF DEATH  May  (Month)  (Day)  (Yeer)
assined.	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Rest Larmon	22. I HEREBY CERTIFY. That I attanded deceased from May 22 , 1937, to May 28 , 1937.
te.	6. DATE OF BIRTH (month, day, and year) Lec. 20 1866	I last saw harman aliva on May 27 , 1937; death is sald
certificate	7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
	8. Trada, profession, or particular	were as follows:  Date of onset  Menusyskage  May 2!
of	8. Trada, profession, or particular kind of work done, as SPINNER, Machinest Retired SAWYER, BOOKKEEPER, atc.	(Right Hemisphere) 1937
back	9. Industry or business In which work was done, as SILK MILL, Washington Namy Yand	3 Extension to left sile of may 74
no	10. Data deceased last worked at this occupation (month and 1923 spent In this year)	2) Respiratory failure may 27
instructions	12. BIRTHPLACE (city or town) Washing ton U.C.	Other Contributory Causes of importance:
cru	(State or country)	Ulmany retention
	14. BIRTHPLACE (city or town) Fuldrick Mary land	
aac	14. BIRTHPLACE (city or town) Fuduck Mary Const.  (State or country) Frederick Co.	Name of operation Date of What test confirmed diagnosis? Thursday stal Efec. Wes there an autopsy? No.
	15. MAIOEN NAME Mary gard Wake night	23. If death was due to external causes (VIOLENCE) fill in elso the following:
important.	16. BIRTHPLACE (city or town) Fall Deuck Many lang	Accidant, suicide, or homicide? Date of injury, 19
odu	E (Stata or country) Frederick Ca	Where did injury occur?
very in	17. INFORMANT Many Jusephine Larman (Address) 24 Phole Island Pur N.W. Wash. Sc	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
is v	18. BURIAL, CREMATION, OR PREMOVAD O CHEST BY	Menner of injury
TION	19. UNDERTAKER WUGUGULANG 6: (Address)	Neture of injury
	20. FILED May 28, 1957 A Registrar.	(Signed) LBQueen M. D.  (Address) 33 Canall Au Jakona Tart, nu

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

#### OF DEATH STATE OF MARYLAND-CERTIFICATE

Ur	DEA	IH	001	1

1. PLACE OF DEATH			(167)		
County Montgomery ·				Registration Dist. No. 2 144	
Village or City Silver Spring				NoSt.,Ward	
			(1)	death occurred in a hospital or institution, give its NAME instead of street and number)	
			yrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.	
2. FULL NAM	E Leah M.			If U. S. Veteran, specify WAR	
(a) Residenc	e: No. 990 <b>Z</b>	(Usual place of	n Ave.,	St., Ward.  If nonresident give city or town and State	
PERSON	AL AND STATIST	CAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX Female	4. COLOR OR RACE White		(write the word)	21. DATE OF DEATH May 26, 1937 (Vear)	
5e. If married, widowe	d, or divorced			(wear)	
HUSBAND of (or) WIFE of	Oren L.Le	ntz		22. I HEREBY CERTIFY, That I attended deceased from	
	T		1011	far desd. 18 20 about \$1. 19	
6. DATE OF BIRTH (n		uly 20th	If LESS than	I last saw h; death is sald	
			1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence	
26	ion, or particular	16	ormin.	were as fellows:	
kind of wo	ork done, as SPINNER, BDDKKEEPER, etc	Housew	ife	Jam Stage Violen	
9. Industry or b	usiness in which			Mungh left church	
SAW MILL	done, as SILK MILL, ., BANK, etc				
- the const	ation (month and	11. Total tim	In this		
year)			ation	Other Contributory Causes of importance;	
12. BIRTHPLACE (city or town) Washington D.C.					
(State or count	*/	22	*		
13. NAME G	erald Marti		- ()		
	,,,	shington	D.C.	Name of operation	
(State of t				What test confirmed diagnosis? Was there an eutopsy?	
15. MAIDEN NAM	E Viola Wil			23. If death was due to external earses (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?  Where did injury occur?	
15. MAIDEN NAM	,,	shington	D.C.		
		7 (Huche	nd)	(Specify city or town, county and State)	
17. INFDRMANT Oren L. Lentz (Husband) (Address) 9902 Franklin Ave.,			е.,	Specify whether injury occurred in INDUSTRY in HDME, or in PUBLIC PLACE.	
18. BURIAL, CREMATIDN, OR REMOVAL Place Ft. Lincoln Dete May 29th, 1937			9th 1937	Manner of injury Phat Huming Turner	
19. UNDERTAKER Warner E. Pumphrey (Address) Rockville, Maryland.				24. Was disease or injury in eny way related to occupation of deceased?	
20. FILED Way 29, 1937 J-5 Wonder Registrar.				(Signed) M. D.  (Address) 8.72.1. Lawrence April 1.	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I	4	Example II	
The principal cause of of importance were as	death and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr	itis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage	JUN 4 1937	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory can	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

ż

# STATE OF MARYI AND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	—— ®	
County Monlyoners	Registration Dist. No. 216	
Village or City Betherday And.	No. 134 Aufurn Avast., f death occurred in a hospital or institution, give its NAME instead of street and numb	Ward
Length of rasidence in city or town where daath occurredyrs,mos	ds. How long in U. S. If of foraign birth?yrsmos	ds
2. FULL NAME  (a) Residence: No. 134 and were (Usual place of abode)	St., Ward.  If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (surfe the word)	21. DATE OF DEATH May (bay) 193	(Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I attended decea	ased from
6. DATE OF BIRTH (month, day, and year) May 8, 937 7. AGE Years Months Days 151555 then	I last saw h. Solver Corn May 8, 1937; des	ath is seid
7. AGE Years Months Days if LESS than 1 day,hrs.	to have occurred on the date stated abova, atm.  The PRINCIPAL CAUSE OF DEATH end ralated causes of importance were as follows:	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc	(Stillborn)	te of onset
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc 10. Date decayaging /morth and this occuration /morth and		
O 10. Date dacaased last worked at this occupation (month and year)		
12. BIRTHPLACE (city or town) Bellesda.  (Stata or country)	Other Ceatributory Causes of importanca:	
13. NAME Ray Synch.  14. BIRTHPLACE (city do town)		
14. BIRTHPLACE (city of town)	Name of operation Date of	
(State or country)	What tast confirmed diagnosis? Was there an autops	v?
15. MAIDEN NAME Sorothy Powell	23. If daath was due to externel ceuses (VIOLENCE) fill in elso the following:	
15. MAIDEN NAME Sorothy Powell  16. BIRTHPLACE (city or town) (Stata or country)  (Stata or country)	Accident, suicide, or homicida? Date of injury,	19
17. INFORMANT Ray Synch (Addrass)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR SEMOVAL Place Settles La, Mabate May 8 , 1937	Mannar of Injury	
19. UNDERTAKER Ray Synch (Addiass)	24. Was disaasa or injury in any way ralatad to occupation of dacaased?  If so, specify	
20. FILED 5-9, 19 37 B. C. Plerry M. Registrar.	(Signed) A Harley	M. D.
Vicesistrar.	(Addrass) Karparal	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  Attack of epilepsy  1921  Run over by street car  July 5, 1927  Peritonitis  Other contributory causes of importance:

FOR BINDING

ARGIN RESERVED

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 5575	
1. PLACE OF DEATH	<b>3</b>	
county Montgowery	Registration Dist. No. 2/6	
Village or City K-7 & 3. Betterda, (Volone	Mo. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)	
Langth of residence in city or town where death occurredyrsmos.  2. FULL NAME Sulfaut		
(a) Residence: No.	St., Ward,	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH May 17 ty 193 (Month) (Day) (Year)	
5a. If married, widowad, or divorcad HUSBAND of	22. I HEREBY CERTIFY, That I attended deceased from	
6. DATE OF BIRTH (month, day, and year) May 17, 1937	I last saw h elive on 19 ; death is said	
7. AGE Years / Months Pays If LESS than	to hava occurred on the data stated above, atm.	
Stilloon 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	
8. Trade, profession, or perticular kind of work done, as SPINNER,	Fremalur Derty	
SAWYER, BOOKKEEPER, etc.	8 mos tregracity	
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at  11. Total time (years)		
10. Date deceased last worked at this occupation (month end spent in this occupation occupation	,	
12. BIRTHPLACE (city or town) R. F. B. Betherde	Other Coutributory Causes of Importance:	
01110		
13. NAME Well Maffer  14. BIRTHPLACE (city or town)  (State or country)	Name of operation	
(State of country)	What test confirmed diagnosis? Was there an autopsy? ALO	
15. MAIDEN NAME TO Chaire washing by 16. BIRTHPLACE (city or town) markendury ind.	23. If death wes due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?	
16. BIRTHPLACE (city or town)   Martinum   1   1   1   1   1   1   1   1   1	Where did injury occur?	
17. INFORMANT Odelig Jones mg.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR REMOVAL Place Male Cemelery 10 Date 5 18 , 1937	Manner of injury	
19. UNDERTAKER Beorg & now seu (Address) Rock will ma	24. Was disease or injury in any way related to occupation of deceased? 201	
20. FILED 5-18, 1937 B. C. Perry M. D. Registrar.	(Signed) Section (Address) (Section ag , nd. m. D.	

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Example I	j	Example II		
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ARGIN RESERVED FOR BINDING

V. S. No. 1

1. PLACE OF DEATH	93-0
Village or City I bound with	No. 150 (Kulkelefflus Uses Wa
Length of residence in city or town where death occurred	If death occurred in a horpital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmos
2. FULL NAME Chair Mary Mal	oulyf U.S. Veteran specify WAR
(a) Residence: No/ 3 0 Vheladelphia UU (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL'AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OF RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
HISBAND of Cor) WIFE of Mark Joseph Maloney	(Month) (Day) (Year)  22. O I MEREBY GERTIFY, That attended deceased from
DATE OF BIRTH (month, day, end year)   way - 16 . 1868	1 last saw h alive on 3 6 1 3 ; death is si
AGE Years Months Days If LESS than 1 day,hrs.	
8 Trade profession or perticular	_ were as follows: Date of one Deg. My ocarditis west 20 y
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at	Decompunation 4/20/
this occupation (month end 8/1936) spent in this 4 3 occupation	Other Coutributory Causes of Importance:
2. BIRTHPLACE (city or town)	3
13. NAME William Elbert.	14 0000
(State of country)	What test confirmed dieghost Assurant Confirmed Autopsy?
15. MAIDEN NAME Marky Hartnees.  16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
7. INFORMANT Ms los malares.  (Address) 15 d Philadelephia and	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION OF REMOVAL ON Date 5/8 , 1937	Menner of injury
9. UNDERTAKER M. G. Shantimania. (Address) 1011-7 at n. u.	24. Was disease or injury in any way related to occupation of deceased?
10. FILED May 6, 137 A Squee Registrar.	(Signed) Forward / morse M.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale mcrchants. A person who sells goods should be called a salcsman and not a clerk.

Statement of cause of dcath.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis 1037	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MIREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important.

V. S. No. 1

STATE	OF MARY	'LAND-	CERTIFICATE OF DEATH	5577
1. PLACE OF DEATH			92:00	3316
County Nanta Co			Registration Dist. No. 2	1/
Village or City Boyds ,	R F D		NoSt.,	Ward
	e death occurred		f death occurred in a hospital or institution, give its NAME instead of street and s	
2. FULL NAME Cather:	ine Hoyle	Neel		
(a) Residence: No. Boyds	R F D, N	eelsvill	.e St.d Ward.	
	(Usual place of	abode)	If nonresident give city or town an	d State
PERSONAL AND STATIS			MEDICAL CERTIFICATE OF DEATH	
Female White	5. SINGLE, MARR OR DIVORCED	IED, WIOOWED, (write the word)	21. DATE OF DEATH  5 (Month) (Dev)	, 19337 (Year)
5e. If merried, widowed, or divorced HUSBANO of (or) WIFE of	mes B Ne	el¢	22. I HEREBY CERTIFY, Thet i ettender	
6. DATE OF BIRTH (month, day, end yeer)	Jan 17th	1858	I lest saw h alive on Muy 13 , 19.3.7	
7. AGE Years Months	Oeys	If LESS than	to heve occurred on the dete steted ebave, at 7-10pm.	
1858 79 3	26	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance were es follows:	1 Onto describ
8. Trede, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	House		Cerebral embolism	Oata of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	Home W	ork	Of a fall of a day	
10. Date deceased lest worked et this occupetion (month and yeer)	spani	ne (yeers) It t in this pation	Chilles you was mar access	to be and I all y
	, ,		Other Contributory Causes of importence:	
12. BIRTHPLACE (city or town) Mory (Stete or country)	1-2nd		a. + h.11.2	12 12 20
~	0 110-70		Cicuti Neghrita	5-5-27
13. NAME Joseph H  14. BIRTHPLACE (city or town) Md	C Hoyle		Name of operation Dete of	
(Stete or country)			Whet test confirmed diegnosis? Was there en	eutopsy?
15. MAIOEN NAME Charolet	t A Jones		23. If deeth wes due to externet ceuses (VIOLENCE) fill in also the following	ig:
16. BIRTHPLACE (city or town)(Stete or country)	Md		Accident, suicide, or homicide? Dete of injury  Where did Injury occur?	
17. INFORMANT James B Ne (Address) Boyds	el Jr Md R F	b	(Specify city or town, county and St. Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC P	ate) LACE.
18. BURIAL, CEMATION DRAGMOVALME	tary		Menner of injury	
Plece Barnesville	OeteMay	17th 19.37	Neture of Injury	
	C Gartne thersburg		24. Wes diseese or injury in any way releted to occupetion of deceased?	
20. FILEO May 14 , 1937 1/3	elesey & a	elo- Registrar.	(Signed) I Saisherthur	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 11 7 1027	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			3 9
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year
			2 gear

V. S. No. 1

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E PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	s very important. See instructions on back of certificate.
RI	be	EAT	mp
LA	plu	DI	ry i
F P	sho	OF	s ve

1. PLACE OF DEATH	MARYLAND—	CERTIFICATE OF DEATH 5578
David Liliania		3
MIN County Minus omen	)/	Registration Dist. No. 223
Village or City Dakoma	ank.	No. Wash o and Wap. St., Ward
Length of residence in city or town where death		death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME umna	med infan	t of If U. S. Veteran, specify WAR
(a) Residence: No. aluc	4 Danks R	einer Ward. Orlington 1/a.
(4) 11001001100 1100	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S.	StNGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Months (Dev) (Year)
Se. If married, widowed, or divorced		(monthly (bey) (leat)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Thet I ettended decessed from
		May 27 16 1937, to May 27 16 , 1937
6. DATE OF BIRTH (month, day, end year)		I lest sew h when alive on May 2 ; death is seid
7. AGE Yeers Months	Days If LESS than	to have occurred on the dete steted above, at 3 P_m.
1939 may	27 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end releted gauses of importance were as follows:
8. Trede, profession, or particular		Very large child Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		lying anesthesia ,
9. Industry or business in which work was done, as SILK MILL.	VUI	Inshumental Nelvery
work was done, as SILK MILL, SAW MILL, BANK, etc.		J
this occupetion (month and	1t. Total time (yeers) spent in this	1 15 Sens.
year)	occupation	Other Coatributery Causes of importance:
12. BIRTHPLACE (city or town) Many	mg-	Dori segre shild.
(State or country) Lakerina	( ank	compact pelos of norther.
13. NAME Was Robert	& Europ	
13. NAME Was Robert  14. BIRTHPLACE (city or town) Decker  (State or country)	y Nd,	Name of operation Date ol
(Stete or country)		What test confirmed diegnosis? Wes there an autopsy?
15. MAIDEN NAME Works, EL	den	23. If deeth was due to externel causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Blace	dale MA.	Accident, suicide, or homicide? Dete of injury, 19
(Stete or country)		Where did injury occur?
Readin		(Specify city or town, county and State)
17. INFORMANT (Address)		Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL PREMATION, OR REMOVAL		Manage of Injury
111.	lete 5 729 1937	Manner of Injury
a a colling	11	Neture of injury
19. UNDERTAKER The Also Chapter	eleens CO	24. Was disease or injury in eny wey releted to occupation of deceased?
(Address) (400 (Address)	friether w	If so, specify
20. FILED May 28 , 13) JEK	logus !	(Signed) (Si
	Registrar.	(Address) 705 Carrel Ur Jakong Park
If more blank	s are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows;	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis France FIVEDI	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	CERHIFICATE OF DEATH 5579
1. PLACE OF DEATH	93-6
County Mont gomery.	Registration Dist, No. 223
7.	No. Washington San + Maskitast., Ward death occurred in a hospitallor institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth? yrs. mos. ds.
b D , O ,	If U.S. Veteran specify WAR.
2. FULL NAME IN Leve Rechineral	
(a) Residence: No. Washington San + Kerfi	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Washiel	21. DATE OF DEATH  May 16 193 7.  (Month) (Day) (Year)
5a. It married widowed, or divorced	
(or) Wife of Mrs. Helen Butley	22. I HEREBY CERTIFY. That I attended deceased from 1937, to May 10 1937
6. DATE OF BIRTH (month, day, and year) Quant 6-1849.	I last saw h in alive on May 10 , 1937; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 15 m.
87 5 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade, profession, or particular	Whome My Ocardea Date of onset
kind of work done, as SPINNER, Returned tracker SAWYER, BOOKKEEPER, etc. Returned tracker	- degenerations
9. Industry or business in which work was done, as SILK MILL, School trades	Console Heart Work
O 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spent in this occupation	
12. BIRTHPLACE (city or town) Muchigain	Other Contributory Causes of importance:
(State or country)	Denstata
13. NAME Mr. Levi Rechinand	
13. NAME Mr. Levi Reshinand  14. BIRTHPLACE (city or town) Canala  (State or country)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Character?	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Charactte  16. BIRTHPLACE (city or town) Canada  (State or country)	Accident, suicide, or homicide? Date of injury, 19
∑ (State or country)	Where did injury occur?
17. INFORMANT Washington Saw. Records (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place WASH FM. PK. Date 5-14-37,19	Nature of injury
19. UNDERTAKER Warned & Camphrey.  (Address) Slees Spring. med.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED May 14, 1937 = & Levelley Registrar.	(Signed) Lad M Clark
If more blanks are needed, address State Registrar,	2411 N. Charles Sereet, Baltimore, Requesting U. S. No. 1.

CEDTICIONTE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	news.	100, 100	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I			Example II	
The principal cause of importance were a	of death and related causes is follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	DECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	IN 4 X7	July 5, 1927	Peritonitis	3 days ago
	ABUREAU V. S.			
Other contributory c	auses of importance:	-	Other contributory causes of importance:	
Gallstones	Sales Named Street	May 1,1923	Gastroenteritis	1 year

S. No.

Registrar

(If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH That I attended dacaased from DEATH and related causas of importance 23. If death was due to external causes (VIOLENCE) fill in also the following: (Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage JUN 7 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF	SIAIL (				5582
County	montgome	ery		Registration Dist. No	211:
Village or Cit	y Giney		(li	No. Mourage mery Caunty General death occurred in a hospital or institution, give its NAME instead of st	Stal Ho Sward reet and number)
	01			2_ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAM	IE Charles	Snou	deu	If U. S. Veteran, specify WAR	
(a) Residence	: No. 175h+	(Usual place	ryland of abode)	St., Ward.  If nonresident give city or t	
	L AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DE	ATH
Male.	4. COLOR OR RACE Colored	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH May 192	, 193 (Yéar)
5a. If married, widowe HUSBAND of (or) WIFE of	d, or divorced			22. I HEREBY CERTIFY, That I May 8th - 1897 in May	attended decreased from
6. DATE OF BIRTH (n	nonth, day, and year)	12413,	1887	1	193. 7.; death is said
7. AGE Yeers	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2 A-, m. The PRINCIPAL CAUSE OF DEATH and related causes of importa	nca
	50 0	15	ormin,	were as follows:	Date of onset
kind of wo	ion, or particular ork done, as SPINNER, BOOKKEEPER, etc	Far	mer	high tais was	ant
9. Industry or be		-		Jan Care Care II	my
O d Abin Assure			time (years) ent in this / ke		
12. BIRTHPLACE (city				Other Contributory Causes of Importance:	-//
(State or count		Maryland	1.	Urenua -	1/4/35
13. NAME	Osborne	Snowd:	e 4		1//
13. NAME  14. BIRTHPLACE (State or company)		narylauc	1		Date of
15. MAIDEN NAM	E Joanno	L Sno	w	23. If death was due to external causes (VIOLENCE) fill in also the	and the second second second
16. BIRTHPLACE	(city or town)			Accident, suicide, or homicide? Date of injur	y, 19
∑ (State or	country)	larylan	<u>d</u>	Where did Injury occur?(Specify city or town, count	
17. INFORMANT (Address)	Hosp.	recol	ds -	Specify whether injury occurred in INDUSTRY, in HOME, or in PU	BLIC PLACE.
18. BURIAL, CREMATI	ON, OR REMOVAL	Date m	0,21,1937	Manner of injury	
19. UNDERTAKER	Dobert C	1. Sur	wdom	24. Was disease or injury In any way related to occupation of dece	ased? NO
20. FILED DAY!	9 1936	8/3 ans	alos	(Signed) Chas Bom bleson	A

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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E	kample I		Example II	
The principal cause of dea of importance were as follows:	th and related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1115 4 1 <del>937</del>	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	JUN 4 1001	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V.	July 5 1927	Peritonitis	3 days ago
Other contributory causes	of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				100

NG INK—THIS IS A PERMANENT RECORD, Every AGE should be stated EXACTLY. PHYSICIANS			
INK—THIS IS A PERMANENT RECORD.		Every	CIANS
INK—THIS IS A PERMANENT  E should be stated EXACTLY		RECORD.	
INK—THIS IS A I	DINDING	ERMANENT	EXACTLY
INK—THIS	FOR	IS A I	stated
2 2 2	NESERA ED	IG INK-THIS	AGE should be

should state

Exact statement of OCCUPA.

properly classified.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

-WRITE PLAINLY,

certificate.

of

See instructions on back

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	1000
County Martan	Decidentian Diet No. 777
County ( on a omeru	Registration Dist. No.
Village or City Lakoma Cark	No. Washington Sanilarium Y Mas pital Ward death occurred in a horpital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?mosds,
M 2 C	
2. FULL NAME (18. May Spangen berg	If U.S. Veteran specify WAR.
(a) Residence: No. Corner Javis a Garland Hue . Ta	Komst, Lark Ward. Md
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
(Male While Married	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced HUSBAND of	
(or) WHE or grace Spangenberg	22. I HEREBY CERTIFY, Thet I attended deceased from
0 -10 3	,19.37, to 1/29.4. 4. ,19.37.
6. DATE OF BIRTH (month, day, and year) January 24-1885	1 last saw h_1) n aliva on C100 4 1924; death is said
7. AGE Years Months Beys If LESS than 1 day,hrs.	to have occurred on the date stated above, at
52 3 6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of Importance were as follows:
8. Trade, profession, or particular	from Trob
kind of work done, es SPINNER, Carpenter	Depticemia - Bacleremia apr 29
9. Industry or business in which work was done, as SILK MILL,	aprile Pericarditis
SAW MILL, BANK, etc	acute Pleuritis
this occupation (month and spont) in this	Hematogenous heritoritis
year) 1 29   Q-32  occupation 31 U.S	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Jefferson Town shi)	fousilitis followed
(State or country) Pennsylvania	by tousillactomy am 29
# 13. NAME ha Fayette Spangenberg	Exploration Caparotofus tray 3
14. BIRTHPLACE (city or town) Je ferson Township.	Name of operation on sellectory Celestory & may 3
(State or country) Innsulvania	What test confirmed diegnosis 38. Custume. Was there an autopsy?
15. MAIDEN NAME Jennie Borfree	23. If death wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Sennie Bortiee  16. BIRTHPLACE (city or town) Sterling  (State or country)	Accident, suicide, or homicida? Date of injury19
State or country) Pennsul Jania	Where did injury occur?
111.404.01	(Specify city or town, county and State)
17. INFORMANT Washington Danilarium 17. Conds.	Specify whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manage of 2 days
Place Washington D. 6. pale May 5 1937.	Manner of injury
Me DIPLO	Nature of injury
19. UNDERTAKER SP. OLANGUER ON.	24. Was diseasa or injury in any way related to occupation of decaased?
(Address) 918 Reveland Close Freddely My	If so, specify
20. FILED Man 5 1937 A 5	(Signed) Load 4 Call RV M.D.
Registrar	(Address) The pring Tark, M.S.

V. S. No. 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 5 2037	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Z

STATE OF MARYLAND-	CERTIFICATE OF DEATH	5584
County Monlyameny	Desistantian Diet N. 2	17
	Registration Dist. No.	-0
Village or City Olyley Mayland	If death occurred in a hospital or institution, give its NAME instead of sweet at	Ward number)
Length of residence In city or town where death occurredyrs3m	os3ds. How long In U.S. if of foreign birth?yrs	_mosds.
2. FULL NAME Charles Front	If U. S. Veteran, specify WAR	
0=	nd. Ward.	
(a) Residence: No. Maille (Usual place of above)	If nonresident give city or town	and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH	
male sulist	may 23	, 193
e. If married, widowed, or divorced	(Month) (Dey)	(Year)
HUSBAND of (or) WIFE of Batter 9. Course	22.   HEREBY CERTIFY, That I attend	
7 50009 0172 0000	Felinary 20, 1937, to May 2.	
5. DATE OF BIRTH (month, dey, end year) Lucy, 4 1870	I lest saw h. elive on Man 2 2 19.3	.Z.; death is seld
AGE Years Months Days If LESS than	to have occurred on the date stated above, at 4-2/.5-19m.	
66 9 18 ormin.	The PRINCIPAL CAUSE OF DEATH end related ceuses of Importence were as follows:	Date of onset
8. Trede, profession, or particular	f	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.	( accerma)	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	7	10/2/3
	- groce	//
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this 40-4	,	
200 4 1	Other Contributory Causes of Importance:	
(State or country)	1	
	- Warnia	5/20/
13. NAME Julian Front  14. BIRTHPLACE (city or town) + radesiale Count		
14. BIRTHPLACE (city or town) - Accessed Course	Name of operation Dete of	
(State of country)	What test confirmed diagnosis? Was there a	an autopsy? 22
15. MAIDEN NAME August Hagers 16. BIRTHPLACE (city or town). The Manual Constitution of the Constitution o	3. If death wes due to externel causes (VIOLENCE) fill in also the follow	ving:
16. BIRTHPLACE (city or town) Thoulanne Coce	Assident, suicide, or homicide? Date of Injury	, 19
(Stete or country) Thanks	Where did injury occur? (Specify city or town, county and	Ca. a.
17. INFORMANT Mand of Derlen	Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC	PLACE.
(Address) Lattursburg mel		
8. BURIAL, PREMATION, OR REMOVAL	Manner of injury	
Place Destroy and Date My 23, 19	Nature of Injury	
19. UNDERTAKE LOS IN Barbet	24. Was disease or injury in eny way releted to occupation of deceesed?	No
(Address) & outherful med	If so, specify	
10. FILED DE 24 19 C. & Bancles	(Signed)	
O. FILED.	1 - //	100

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	bate of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis 1111 4 1937	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V. S.			4
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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Example I			Example II	
The principal cause of of importance were as	death and related causes- follows:		The principal cause of death and related causes of importance were as follows:	
		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephr		1921	Run over by street car	1 week ago
Cerebral hemorrhage	001 ( 183)	July 5,1927	Peritonitis	3 days ago
	BUNEAU V. S.			
Other contributory can	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				10

V. S. No. 1

of OCCUPA-

Collecte			210-12)	213
County Montgomery		373		
Village or City Near - Dans	nestown	• (1	NoSt f death occurred in a hospital or institution, give its NAME instead of street	
Length of residence in city or town whara d	aath occurred_2	8yrs,_8mo	s. 18. ds. How long in U.S. if of foreign birth? yrs. yrs.	mos
2. FULL NAME John C.W.	hite		If U. S. Veteran, specify WAR	
(a) Residence: No. Buck	Rode	u mot	Ward.	
	(Usual place		If nonresident give city or tow	
PERSONAL AND STATISTI	CAL PART	CULARS	MEDICAL CERTIFICATE OF DEAT	ГН
SEX 4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH	-
Male White	Sing		(Month) (Day)	, 193 (Yaer)
I. If married, widowed, or divorced HUSBAND of				AUE.
(or) WIFE of			22.   HEREBY CERTIFY, That I atta	ended deceased 1
				23
OATE OF BIRTH (month, day, and year)  AGE Years Months	Sept 5	If LESS than	to have occurred on the data stated abova, at	<b>3.7</b> ; death is
		1 day,hrs.	to have occurred on the data stated above, at	
28   8	1.8	ormin.	wera as follows:	Date of or
8. Trade, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc	Farme	70	To Comment of the Comment	7/
9. Industry or business in which		d		1/23
work was dona, as SILK MILL, SAW MILL, BANK, etc.	larm	a ·		/
10. Oate daceesed last worked at	11. Totel 1	time (years)		
this occupation (month and year)	occ	upation_10	Other Contributory Causes of importance:	
2. BIRTHPLACE (city or town) Maryla:	nđ		Quelosabile accident	5/2
(Stata or country)				
13. NAME Ernest Whit	e			
13. NAME Ernest White  14. BIRTHPLACE (city or town) Maryland (State or country)		Name of operation Oats	a of	
		What test confirmed diagnosis? Was the		
15. MAIDEN NAME Abbie M S	nacht	10,10	23. if deeth was due to external causes (VIOLENCE) fill in also the foi	
15. MAIDEN NAME Abbie M Specht  16. BIRTHPLACE (city or town) Maryland		Accident, solvide or bomiside? Oate of injury 2 33 192		
(State or country)	Terita		Whera did injury occur Osa State Hash Mand	1.
MINFORMANT Ernest Whit	0		Where did injury occur. (Specify city or town, county or Specify whether injury occurred in INDUSTRY, IN HOME, or in PUBL	nd State) IC PLACE.
(Address) Boyd Md	·		Quelati Kega nay.	
(Madicas)				
B. BURIAL, CREMATION, OR REMOVAL Place Beallsville	-1-	- /	Manner of injury	

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Chronic interstitial nephritis will 4 1931	1921	Run over by street ear	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
EATTY.			<b>E9-, 4</b> E1
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year